



Inspections Department
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Healthinspector.cityofmw@yahoo.com

**SEASONAL
FOOD PERMIT APPLICATION**

Name of Establishment: _____

Address: _____

Phone Number: _____

Name of Owner: _____

Mailing Address: _____

Phone Number: _____

Corporate Office Information (if applicable)

Address: _____

Phone: _____ **Fax:** _____

Hours of Operation: _____

Types of Food Served: _____

Projected Date of Opening: _____